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CONFIRMATION NO. 3963

SERIAL NUMBER 10/787,011	FILING DATE 02/25/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. OWENS ET AL. (CIP)
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APPLICANTS

Marilou Owens, East Meadow, NY;

Jill Shaneman, Honey Brook, PA;

** CONTINUING DATA *****

This application is a CIP of 10/245,597 09/17/2002 PAT 6,711,770

O.K. RS.

** FOREIGN APPLICATIONS *****

none RS.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Robert L. Lutz</i> <i>RS</i> Examiner's Signature Initials	NY	4	8	1

ADDRESS

25889
 WILLIAM COLLARD
 COLLARD & ROE, P.C.
 1077 NORTHERN BOULEVARD
 ROSLYN, NY
 11576

TITLE

Nursing pillow

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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